Teaching Students Chemistry: If Only Moles Knew

Dates: July $9 - \text{July } 13^{\text{th}}$

Location: Davis High School, Utah

Credit: USOE or Utah Valley State College

Instructors: Frank Stevens

Course Contact Information:

Duane Merrell, 801-422-2255 <u>duane_merrell@byu.edu</u> Richard R. Tolman 801-863-6229 <u>tolmanri@uvsc.edu</u>

Registration Fee and Deposit:

\$275 Registration fee to: Emery County School District \$50 Deposit to: Utah Valley State College

Send registration form and deposit to:

Richard R. Tolman, Ph.D.
Professor of Biology
224 Science Building, Mail Code 179
Utah Valley State College
800 West University Parkway
Orem, UT 84058

Registration Contact Information:

Richard R. Tolman, Ph.D. Professor of Biology 224 Science Building, Mail Code 179 Utah Valley State College 800 West University Parkway Orem, UT 84058

Duane Merrell, 801-422-2255 <u>duane_merrell@byu.edu</u> Richard R. Tolman 801-863-6229 <u>tolmanri@uvsc.edu</u>

Course Description:

The course will focus on learning and teaching of chemistry. This week long chemistry course will include inquiry style of learning with methods to reach and engage students in the study of chemistry. Fabulous learning as only Frank Stevens can deliver will be enjoyed during this week long course.



2007 Science

Professional Development

Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Sessions fill on a first-come basis. Register early to secure your place.

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

Commitment to Attend & District Approval: Contact Information: Teacher: _____ I understand that I am committing to this workshop and I District: will cancel at least two weeks prior to the workshop if I am unable to attend. School: Teacher Signature: Grade Level/Subject: _____ Home Address: Signature of Principal or District Representative indicates source of registration payment for workshop: City: _____ Zip: _____ □ PERSONAL Check #_____ enclosed OR □ SCHOOL _ Principal __ OR Home phone: ☐ DISTRICT _____ School phone: District Representative CACTUS #: *Please contact your school or district to determine if approval is needed prior to registration. E-mail: Bill to This Address

Return this completed registration form and your refundable deposit check to the workshop contact listed above.